

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 097647821	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1		1				51		
2				1			52		
3				2			53		
4				2			54		
5				1			55		
6				1			56		
7				1			57		
8				1			58		
9	1		1				59		
10				1			60		
11				1			61		
12				1			62		
13				1			63		
14				1			64		
15				1			65		
16				1			66		
17			1				67		
18							68		
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41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	2		3				TOTAL IND.		
TOTAL DEP.	16		16				TOTAL DEP.		
TOTAL CLAIMS	18		19				TOTAL CLAIMS		